



**Commonwealth of Massachusetts
Division of Occupational Licensure
Public Accountancy**

1 Federal Street, Suite 0600 • Boston • Massachusetts •
02110-2012

FOR CPA FIRMS ONLY

Please check the appropriate boxes

CHANGE OF FIRM NAME CHANGE OF FIRM ADDRESS DUPLICATE FIRM LICENSE

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information require.

Print/type clearly the information as it is <u>NOW SHOWN</u> on your license:	Print/type clearly the information as you wish it to appear on your <u>UPDATED</u> license:
Firm Name:	Firm Name:
Address:	Address:
City/Town:	City/Town:
State:	State:
Zip Code:	Zip Code:

OTHER REQUIRED INFORMATION

Firm License No:	Telephone Number:
Type of License:	Name of Manager or Partner:
Expiration Date:	Signature:
Federal ID No:	Date:

FOR A NAME CHANGE, ALSO SUBMIT THE FOLLOWING:

- 1) Cover letter explaining reason for requesting name change.
- 2) Copy of new partner(s), shareholder(s) Massachusetts CPA license if applicable.
- 3) Firms with one owner that use multi names and/or use "& Co. or & Assoc." in the firm name, please provide in the cover letter the name(s) of employee(s) with a MA CPA license and if employee is part-time or full-time and also include a copy of the employee MA CPA license.
- 4) Verification/approval from the Massachusetts Secretary of State Office, Corporation Division (Articles of Amendment) Applicable if firm is a BC, PC, LLP & LLC.
- 5) If you are changing the firm name and wish to receive a license printed with the new name, you **MUST** return the firm's current license with this form and a fee of \$27.00 (check payable to Comm. of Mass).

Please check the appropriate box:	Fee	FOR OFFICIAL USE ONLY
<input type="checkbox"/> Duplicate license WITH OR WITHOUT an address change	\$17.00	Fee:
<input type="checkbox"/> Name change WITH updated license	\$27.00	Date Received:
<input type="checkbox"/> Address change WITHOUT updated license	\$0.00	Received by:

